

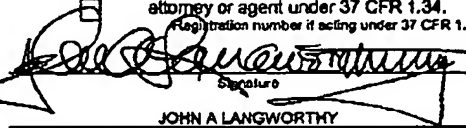
Fee purpose

PTO/SB/23 (10-04)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees effective on or after October 1, 2004)		Docket Number (Optional) CL2172UBNA	
Application Number 10716353		Filed November 18, 2003	
For DIVALENT EUROPIUM-CONTAINING COMPOSITIONS			
Art Unit 2826		Examiner Thomas Dickey	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ <u>430.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1928</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,255</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 Signature		December 03, 2004 Date	
JOHN A. LANGWORTHY Typed or printed name		(302) 892-4362 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

PAGE 3/13 * RCVD AT 12/3/2004 3:22:41 PM [Eastern Standard Time] * SVR USPTO-EFXRF-1/4 * CNIS:8729306 * CSD:302 992 5374 * DURATION (mm:ss):03:08

01/04/2005 FWALKER 00000004 041928 10716353

01 FC:1252 430.00 DA

Application or Docket Number
10 / 716,353

- If the difference in column 1 is less than zero, enter "0" in column 2.

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
OR x \$ <u>18</u> =	/
OR x \$ <u>88</u> =	
OR + \$ <u>300</u>	
OR TOTAL ADD'L FEE	

	RATE	ADDITIONAL FEE
OR	X \$ _____ =	
OR	X \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL TOTAL FEE	

	RATE	ADDITIONAL
OR	+ \$	
OR	+ \$	
OR	+ \$	
OR	TOTAL	
	ADDITION	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.